

EXHIBIT “C”

EXHIBIT
1Philadelphia Prison System
Inmate Grievance FormASD ☐
CFCF ☐
DC ☐
HOC ☐
PICC ☒Check box only if grievance is regarding Medical Services ☒Name TROY L. MOORE SR. Housing Unit G2 CELL 18
Intake Number 853 403 Police Photo Number 853 403Description of Grievance, Incident or Problem
(include date and time of incident)

ON 9-16-13 AT APPROX. 2315 HOURS, MY CELL'S (18) TOILET OVER FLOWED SEVERAL TIMES. AFTER INFORMING THE C/O OF THE SITUATION, SHE REFUSED TO PERMIT CLEAN UP. THE TOILET CONTINUED TO OVER FLOW EVERY 20 TO 30 MINUTES WHICH RESULTED IN ME RESIDING IN A CELL OVERNIGHT WITH TWO INCHES OF RAW SEWAGE ON THE FLOOR. AS OF THIS MORNING I HAVE SUFFERED FROM SHORTNESS OF BREATH, VOMITTING, DIARRHEA AND FACIAL RASH / ACNE. AFTER INFORMING & VISITING MEDICAL DEPT. & BEING EXAMINED FOR 45 SECONDS I WAS ORDERED BACK TO THE BLOCK (G2). EXAMINED BY RN MCGROGAN AT MED DEPT.

Action Requested by Inmate:

MEDICAL ATTENTION OR SOLUTION TO RESOLVE PROBLEM FROM RE-OCURRENCE.

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

INFORMING C/O SGT & MED STAFF

Date that you are depositing this Grievance in a grievance box: 9-17-13

(Signature of Grievant)

(Date)